



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 805

DATE: May 28, 2009

TO: Iowa Medicaid Medical Supply and Pharmacy Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Incontinence Products

EFFECTIVE: Upon Receipt

This is to advise that the following incontinence products have been added for reimbursement. Due to the different shapes and fitting of these items, this change is made to allow for accurate billing, in accordance with the HIPAA requirements.

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| T4528 | Underwear/pull-on, extra large size |
| T4530 | Pediatric size brief/diaper, large size |
| T4532 | Pediatric size underwear/pull-on, large size |
| T4533 | Youth size brief/diaper |
| T4534 | Youth size underwear/pull-on |

The normal quantities allowed for pull-ons are 450 per 90 day supply. The normal quantities allowed for diapers/briefs are 1080 per 90 day supply. The attached page is an update of the category definitions and normal combination maximums allowed that include the added codes above.

NOTE: Reimbursement can be obtained for quantities in excess of the norm by using the "GD" modifier and submitting documentation of the medical necessity with the claim.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us

Category Definitions

The maximum units noted in the following table indicate the maximum units that can be provided in a 90-day period when no other incontinence products are used. For example, a member may receive 1080 diapers in a 90-day period when this member does not also use liners, or pull-ons. If a member uses diapers and pull-ons, these maximum units do not apply.

| Category | Description | Codes | Maximum units |
|----------|------------------------|--|------------------------|
| A | Diaper/Brief | T4521 T4522 T4523 T4524 T4529 T4530 T4533 T4543 | 1080 per 90 day supply |
| B | Liner/shield/guard/pad | T4535 | 450 per 90 day supply |
| C | Pull-on | T4525 T4526 T4527 T4528 T4531 T4532 T4534 | 450 per 90 day supply |
| D | Disposable underpads | A4554 | 600 per 90 day supply |
| E | Reusable underpads | T4537 T4540 | 48 per 12 months |

Category Combination Maximums

The maximum units in the following table indicate the maximum units that can be provided in a 90-day period when a combination of incontinence products are used.

| Category Combinations | Total maximum of combined products per 90 day supply | Individual maximums within combined maximum |
|-----------------------|--|---|
| A and B | 1080 | Category B= 450 max |
| B and C | 450 | N/A |
| A and C | 1080 | Category C= 450 max |
| A and B and C | 1080 | Category B and C= combined max of 450 |
| A and D | 1260 | Category A= 1080 max Category D= 180 max |
| B and/or C with D | 630 | Category B &/or C= 450 max Category D= 180 max |
| E (T4537 and 4540) | 48 | 48 max |